Mistakes Are Inevitable; Bad Outcomes Are Not:

Identifying Systems Errors When Things Go Wrong, Fixing Them So They Don't Happen Again, and Creating a Culture that Minimizes Their Occurrence

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Some Preliminary Considerations

Caring for LTC Population is Incredibly Challenging
Nursing Homes One of Most Regulated Industries in the Country

Both Caring for Nursing Home Residents and Surveying Nursing Homes Are Daunting Jobs--
Circumstances are Challenging
- Quantity of Work is Significant
- Nature of the Work is Challenging

Interactive Presentation

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OVERVIEW of PRESENTATION

What is Optimal Nursing Home Care Delivery?

Conditions that Must be Present for Optimal Nursing Home Care Delivery: Good Systems

What Makes These Systems Fail?

Examples of Systems Failures--
Admission Case Study

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What is Optimal Nursing Home Care Delivery?

What does Optimal Nursing Home Delivery mean?

What is it, regulators, that we want nursing homes to do?

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What is Optimal Nursing Home Care Delivery?

Have we been able to articulate a vision of what we want nursing homes to do? Isn't merely saying "Take Good Care of Residents," or "Don't Harm Residents," reductive, intellectually lazy, inaccurate, and generally not helpful? Can we understand systems if we don't have such a vision? Can we even describe what sorts of things nursing home staffs need to be doing, in concrete terms, without some basic understanding of what we want them to do overall?

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What is Optimal Nursing Home Care Delivery?

Proposal: A limited definition for our purposes.

*From time of admission, resident receives all necessary care and all ordered meds, labs, and treatments.

*Resident suffers no adverse health outcomes as a result of errors by nursing home staff.

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What is Optimal Nursing Home Care Delivery?

*Adverse changes in resident condition are identified and appropriately addressed.

*Resident receives adequate nutrition and hydration, maintains weight within reasonable limits unless on ordered weight loss diet, or appropriate interventions are implemented.

*Any pain suffered by resident is appropriately addressed.

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What is Optimal Nursing Home Care Delivery?

*Resident is well-treated by staff and is free from any kind of abuse by staff, visitors, or other residents.

*Resident is offered intellectual, social, and spiritual stimulation appropriate to resident's needs and desires.

*Any complaints by resident or family members are adequately addressed by the facility.

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What is Optimal Nursing Home Care Delivery?

*Resident's dignity as a human being is honored and resident is permitted to freely exercise choices, even unwise choices, so long as they do not disrupt or endanger others or pose unreasonable risk to the resident.

*Ultimately, resident is either discharged to a less restrictive setting (assisted living, home, for example) or dies of natural causes in the nursing home or at the hospital, having received loving and supportive end of life care if death was anticipated.

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What is Optimal Nursing Home Care Delivery?

Does not mean—

(1) Resident and family have no complaints at all (nor that all complaints are resolved to resident or family's complete satisfaction);

(2) Resident is completely free from minor injuries that afflict most older persons wherever they are (skin tears, minor bruising);

(3) Resident is always completely free of pain;

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What is Optimal Nursing Home Care Delivery?

Does not mean—

(4) Resident never falls (or is never found on floor);

(5) Resident never engages in unwanted behaviors and is never exposed to unwanted behaviors;

(6) Resident never becomes emotionally upset;

(7) Resident does not experience ***unavoidable*** adverse outcomes.

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KEY CONCEPT: Unavoidability

The word "unavoidable" is used 43 times in Appendix PP of the SOM. Unavoidability has five elements.

Any one know what these are?

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KEY CONCEPT: Unavoidability

The word "unavoidable" is used 43 times in Appendix PP of the SOM

The 5 elements of unavoidability (generic version):

1. Assessment (not just the CAA and Quarterlies)
2. Care planning (devising appropriate interventions to address all risk factors)
3. Execution of care (care plan, ordered meds, treatments, and labs)
4. Monitoring to determine if interventions are effective
5. Changing interventions when they are not effective

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Optimal Nursing Home Care Delivery: Good Systems

Let's Talk!

Admission

Ongoing Nursing

Resident Safety

Dietary

Activities, Social Services, and Resident Rights

Abuse Prevention

Administration

Physical Plant/Maintenance

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How Do Systems Fail?

Case Study:

Surveyor determines resident failed to receive Lasix for two days after admission to LTC facility. Lasix WAS on discharge orders from hospital attending MD; order was not d/c'd by facility medical director. LPN taking down discharge orders into facility system admitted that she missed the order for Lasix for this resident.

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How Do Systems Fail?

Case Study:

Resident developed pitting edema; was eventually transferred back to hospital with breathing difficulty, elevated heart rate. Hospital restored Lasix to medication regimen and resident recovered and returned to facility.

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How Do Systems Fail?

Case Study:

Facility cited for F 271 Admission Orders, F 281 Professional Standards, and F 385 Physician Services, all at "G" s/s level, all having the single example of resident not receiving Lasix and requiring hospitalization.

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How Do Systems Fail?

Case Study:

Facility did not dispute tag at IDR. In its POC the facility corrected the orders for example resident, confirmed in writing with his physician that his orders were correct, monitored q/day for four weeks that he received his ordered meds, and in-serviced all licensed staff on procedures for taking down orders.

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How Do Systems Fail?

Case Study:

Survey agency accepted the POC and confirmed on revisit that it had been implemented, placed facility back in compliance within 90 day window. This was not a "double G" situation, so facility had no remedies imposed.

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How Do Systems Fail?

Case Study:

How does this POC strike you?

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How Do Systems Fail?

Case Study:

How does this POC strike you?

Are we sure we know what the failure was?

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How Do Systems Fail?

Case Study:

No root cause analysis or systems review was undertaken by the facility or surveyors. If this had been done, we would have learned:

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How Do Systems Fail?

Case Study:

Single LPN in facility assigned responsibility for transcribing orders for all newly admitted residents into facility's EHR system. She had other duties as well. She had recently been counseled about excessive overtime, and she had a disabled child at home.

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How Do Systems Fail?

Case Study:

On the day she omitted the Lasix order, there were a total of 6 residents admitted, each with an average of 11 medications, plus labs and treatment orders. The discharge orders were handwritten by the physician and faxed to the facility.

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How Do Systems Fail?

Case Study:

The reason six residents were admitted is that the facility admissions coordinator (who had a bachelor's degree in business) received a call from the hospital's discharge planner (a social worker) at about noon on Friday, desperately looking for placement for six patients the insurance company utilization review company had told the hospital they needed to discharge.

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How Do Systems Fail?

Case Study:

Four of the six patients to be discharged were on Medicare and needed rehabilitation. The hospital was the nursing home's most important referral source, and the nursing competed with three other facilities for referrals from this source.

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How Do Systems Fail?

Case Study:

All newly admitted residents and all new orders for existing residents were, per facility P&P, required to be reviewed by the resident's charge nurse on the next 11-7 shift and again at a clinical meeting with the DON and all unit supervisors the following morning after the 7-3 shift report.

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How Do Systems Fail?

Case Study:

The normal 11-7 charge nurse called off that afternoon and was replaced by an agency PRN nurse who had worked at the facility before on the day shift, but had not been instructed on the proper procedure for checking orders.

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How Do Systems Fail?

Case Study:

The following day was a Saturday. The DON was not on duty. The new orders were reviewed by the weekend manager (the assistant administrator), the weekend supervisor (an RN), and another RN who was supervising the therapy wing. All had other demands on their time. Because there were six new residents and three others with new orders, the review was done hurriedly and they also missed the Lasix order.

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How Do Systems Fail?

Case Study:

On Sunday night the resident was discovered to have pitting edema and breathing difficulties and was sent out. On Monday morning, the DON reviewed the orders for the resident, discovered the missed Lasix order, and counseled and provided one on one in-service to the LPN.

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How Do Systems Fail?

Case Study:

Knowing these additional factors, was the facility's POC below likely to have been effective in preventing future errors?

Corrected the orders for example resident, confirmed in writing with his physician that his orders were correct, monitored q/day for four weeks that he received his ordered meds, and in-serviced all licensed staff on procedures for taking down orders.

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How Do Systems Fail?

Case Study:

What caused the facility's system to fail?

How might the facility have more effectively corrected its problems?

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Common Systems Failures in LTC and their Root Causes

*COMMON SYSTEMS FAILURES

- Lack of Accountability, Sometimes Manifesting as All Accountable = NO ONE Accountable
- Policies and Procedures Not Reflective of Facility Practices; Often the Result of Evolving Practices
- Communication Breakdowns; The Most Complex System in All LTC Facilities
- Inattentiveness to Resident as Unique Person Whose Condition and Needs Will Likely Change

*ROOT CAUSES

- Weak Management
- Inadequate Training

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Final Discussion

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Thank you very much!

Feel free to contact us with questions, comments, or suggestions

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